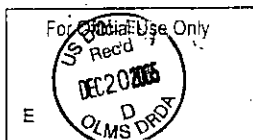


# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0186  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-042203 13360	2. Fiscal Year Covered From: 10 / 1 / 04 Through: 9 / 30 / 05
3. Name and address of person filing. Name TIM DAVIS P.O. Box, Bldg., Room No., if any Street 1608 WOODLAND DRIVE City MT. VERNON State WA ZIP Code + 4 98274	4. Name, file number, and address of labor organization. Name WASHINGTON STATE NURSES ASSOC. Labor Organization File Number 042203 P.O. Box, Building and Room Number, if any Street 575 ANDOVER PARK WEST ST. 101 City SEATTLE State WA ZIP Code + 4 98188
5. Position in labor organization. CABINET CHAIR	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name SRA UNITED GENERAL HOSPITAL Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2000 HOSPITAL DRIVE City SEDRO WOOLLEY State WA ZIP Code + 4 98284	7. a. Nature of Interest, Transaction, or Income. WAGES OF SPOUSE  7. b. Amount. \$20,000

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed	On 12/14/05 Date 360-428-0268 Telephone Number